

Configuration Control Work Permit

To Be Completed by Requester

Name: _____ Signature: _____
Phone: _____
Sector: _____ Intended Start Date: _____
Beamline: _____ Estimated Duration: _____
Critical Components Involved ☐ Yes ☐ No
Description of work: _____

To Be Completed by Floor Coordinator

Beamline Needs:

☐ No Additional Review
☐ Health Physics Survey/Radiation Physicist
☐ Survey & Alignment
☐ BRC Review
☐ BCRRT Review
☐ PSS Review*
☐ Other _____

Floor Coordinator Approval (to begin work)

Signature Date

Approvals Required to Close Out Permit

Radiation Physicist, Signature/Date

Survey & Alignment, Signature/Date

BRC Representative, Signature/Date

BCRRT Representative, Signature/Date

PSS Representative, Signature/Date

Other, Signature/Date

Floor Coordinator Restoration of Administrative Control

Facility Back On-Line: Date: _____ Time: _____

Signature Date

Comments: _____

If a violation is found, the beamline shall be taken off line. The FC will not bring it back on line until a determination of the cause has been made.